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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

| Corporation | IASONRY INC. | | | | | | | |
|---|---|--|-------------------------|---------------|----------------------------|---|-----------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | I IMMERIA MINE SINNE HEND LINNE ALLE NECES ALLE | | |
| 4701 LONE PINE FT MYERS FL 3 US | E CT | 4701 LONE PINE CT FT MYERS FL 33905 US | FT MYERS FL 33905 | | DO NOT WRITE IN THIS SPACE | | | |
| - | | | | | | 3. Date Incorporated or Qualifed 04/25/1986 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | A | applied For |
| 21 | 26 | | | | | 65-0016056 | l N | lot Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | _ | 5. Certifcate of Status Desired | | Additional Required |
| City & State | 9 | - City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | Country Zip 25 29 | | | itry | | This corporation owes the current year Personal Property Tax. | Intangible (V) Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Register | ed Agent | |
| HENDRIX, EDGAR PHILIP 4701 LONE PINE CT | | | | | | ess (P.O. Box Number is Not Acceptable) | | |
| FT. MYERS FL 33905 | | | | 83 | | • | | |
| | | | | 84 | City | | 85 Zip | Code |
| office or re agent. I an SIGNATURE | to the provisions of Sections 607.050. egistered agent, or both, in the State in familiar with, and accept the obligation of the state of the state in familiar with, and accept the obligation of the state of the | of Florida, Such change was au tions of, Section 607.0505, Flor | ithorized ida Statu: | by tr tes. | ne corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | pointinent as i | |
| 12. | | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | _ | | | 1.1 TITLE | | | ☐ Change | e Addition |
| NAME | HENDRIX, RICHARD E. 121 | | | ΝE | - | | | |
| STREET ADDRESS | | | | REETA | ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST- | ZIP | | | Addition |
| TITLE | VD □ DELETE 2.17 | | | | İ | | ☐ Change | e |
| NAME | HENDRIX, EDGAR PHILIP | | | | İ | | | |
| STREET ADDRESS | 557.235 | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-\$T- | -ZIP | | Change | Addition |
| -TITLE | V . | | .3.1 TITL | 1 | | • | ~ .∟L Griange | |
| NAME | HENDRIX, DONNA | | 3.2 NAM | | 1000000 | | | ļ |
| STREET ADDRESS | 4701 LONE PINE CT | cno ci | | | ADDRESS | | | ļ |
| CITY-ST-ZIP | FI MTERS FL | ☐ DELETE | 3.4. CIT | | -ZIP | | ☐ Change | Addition |
| MILE | , | ⊕ nere ig | 4.1 TITLE 4.2 NAME | | | | | |
| NAME | | | | | ADDRESS I | | | |
| STREET ADDRESS | | | 1 | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-S 5.1 TITLE | | -211" | | ☐ Change | e Addition |
| | | | | 5.2 NAME | | | • | |
| NAME STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | | | |] |
| TITLE | | ☐ DELETE | 6.1 TITI | | | | ☐ Change | Addition |
| NAME | | | 6.2 NA | ME | | | | Ì |
| OTDEET LEDDEGG | ; | | 6.3 ST | REET A | ADDRESS | | | ţ |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS